

Statement of

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9/11 Health Effects: Federal Monitoring and Treatment of Residents and Responders

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Thank you Chairman Towns, Ranking Member Bilbray, Congresswoman Maloney, and members of the Subcommittee on Government Management, Organization, and Procurement for convening this hearing and for inviting me and Deputy Mayor Ed Skyler to testify. We are accompanied here today by Dr. Joan Reibman of Bellevue, Dr. David Prezant of the Fire Department of New York and Dr. Eli Kleinman of the Police Department. I would like to ask that their testimony be included in the record. They are available to answer any questions you might have. I also want to applaud you and other members of the New York Delegation, as well as our allies throughout the U.S. Congress, who have worked tirelessly to secure Federal resources and recognition for those who have suffered ill health because of their exposure to the September 11 attacks and their aftermath. Your efforts have yielded vital support for tens of thousands of individuals and their families. As I will outline in my testimony, it is crucial that these efforts continue until we secure an expanded, sustained Federal commitment to addressing one of the painful legacies of this attack on America.

I am here today as the Co-Chair with Ed Skyler of a Panel Mayor Bloomberg convened in September 2006—the fifth year anniversary of the 9/11 attacks—to examine the health effects of 9/11 and assess the sufficiency of resources devoted to WTC-related health needs. The Mayor asked the panel, which was comprised of 14 City agencies, to explore what we know about the health impacts of 9/11, and to develop recommendations to ensure that affected individuals can get the first-rate care they deserve for their current and emerging health care needs.

Over the course of five months, the Panel immersed itself in these issues. We reviewed the science; surveyed every City agency; conducted 60 interviews of area residents, medical experts, union representatives, local businesses, day laborers, policymakers, and 9/11 health program administrators; and met regularly to consider a wide range of medical and policy questions. The result of these efforts was the most exhaustive examination of the health impacts of 9/11 to date, laid out in an 83-page report that includes 15 recommendations to expand and ensure the long-term sufficiency of

resources to address 9/11's health effects. The Mayor accepted the recommendations in their entirety.

I am appearing before you today with my fellow Deputy Mayor Ed Skyler to begin in earnest the Mayor's charge to us to implement these recommendations as quickly as possible. My testimony today will summarize the highlights of our inquiry, and I will submit a copy of the full report for the hearing record.

Panel Findings

Over the past five years, medical researchers and clinicians have reported in peer-reviewed studies and from their own treatment experiences that thousands of people endured physical and mental health conditions that were caused or exacerbated by 9/11 exposure. While many have recovered, others continue to suffer from a range of ailments. The most common are respiratory illnesses, such as asthma, and mental health conditions such as Post-Traumatic Stress Disorder (PTSD), anxiety, and depression. We do not yet know the extent to which these conditions will remain or can be successfully resolved with treatment.

We also do not yet know whether late-emerging and potentially fatal conditions, such as cancer and pulmonary fibrosis, will arise in the future, but the specter of these feared illnesses is raised time and again in discussions with responders and residents alike. We know that we must build the capacity to respond to any conditions that may reveal themselves in the future.

We also know that the health issues associated with 9/11 affect not only New Yorkers, but tens of thousands of volunteers and workers from across the nation—including every state represented on this subcommittee—who responded to the call for help and participated in an unprecedented rescue, recovery, and clean-up effort that followed the terrorist attacks. These rescue and recovery workers—including firefighters, police, volunteers from all 50 states, and contractors—are those most likely to experience ill

health related to 9/11 exposure. For example, more than 2,000 of the Fire Department's 14,000 first responders—15%—have sought treatment for respiratory conditions since September 11, and more than twice that many have sought mental health care. Among a sample of 9,400 rescue and recovery workers examined at a WTC health program coordinated by Mount Sinai Medical Center between 2002 and 2004, 32% self-reported lower respiratory symptoms and 50% reported upper-respiratory symptoms near the time of their initial medical evaluation.

But adverse health effects are not confined to our first responders. Area residents, school children, commercial workers and others also reported a variety of illnesses in the aftermath of 9/11, including acute breathing problems, worsening of asthma, nausea, headaches, and stress-related illness and anxiety. Data from the New York City Department of Health's World Trade Center Health Registry, the largest public health surveillance effort of its kind, has been documenting the physical and mental health conditions reported by 70,000 residents, responders, commercial workers and others in the vicinity of the World Trade Center site on and after 9/11. Within weeks of closing enrollment into the Registry, its data showed that two-thirds (66%) of adult enrollees reported new or worsened sinus or nasal problems after their exposure on 9/11. Enrollees also reported higher levels of psychological distress than the citywide average between two and three years after 9/11. More detailed data from the Registry is now being published that document the persistence of high rates of PTSD reported by residents, workers, and tower evacuees.

Support for 9/11-related Conditions

Fortunately, help is available for many of those in need. Among the dozens of health and mental health programs that developed over the years since the attack, three have emerged as centers of excellence in diagnosing and treating WTC-related health conditions:

1. The New York City Fire Department's program, which provides free monitoring and treatment of firefighters and EMS workers who responded on 9/11 and took part in rescue and recovery;

2. A free monitoring and treatment program for other first responders, workers, and volunteers coordinated by Mt. Sinai Medical Center, which has affiliated centers across the nation for responders who live in other parts of the country; and
3. The WTC Environmental Health Center at Bellevue Hospital, a City-funded program that is open to anyone with possible 9/11-related symptoms.

These programs have provided a virtual lifeline to thousands of individuals, from across the nation.

Equally important, the data generated by these programs and research efforts by the Registry and the New York City Police Department have led to important scientific studies examining 9/11's physical and mental health effects. They have also informed the development of clinical guidelines for diagnosing and treating 9/11-related health problems, which is important for ensuring a consistent standard of care for those who seek treatment for their own health care providers, outside of the centers of excellence. Each of these programs has been critical to confronting the array of 9/11 health challenges we face.

That is the good news. But the panel found that these efforts and the critical research they generate are in serious jeopardy.

Each of these programs faces a bleak future unless we secure ongoing federal funding. The FDNY and Mount Sinai programs have provided world class care to our first responders, but from the outset they have had to patch together City funding and one-time philanthropic and Federal grants to stay afloat. Though the 9/11 health problems they treat have persisted, these programs, and the World Trade Center Health Registry, have never had a dedicated, dependable source of funding to ensure their future. Even with President Bush's recent pledge of \$25 million, both clinical programs are expected to run out of funds before the end of the year.

And the Federal government has provided no support for Bellevue—the only program available to the thousands of residents, school students, Chinatown businesses, and commercial workers who may have 9/11-related conditions. The City and a small amount of private funding support the Bellevue program, and the City alone has committed to doubling its capacity from 6,000 potential patients to 12,000 in the next five years.

That is why the Mayor's Panel recommended that New York City vigorously pursue federal funding to support the programs that form the cornerstone of our response to 9/11 health impacts. These programs include the three clinical centers of excellence; research efforts of the Registry and the NYPD that, along with the data from the centers of excellence, will enable us to continue to stay on top of emerging health care problems; mental health treatment, through the extension of an expiring privately-funded program that supports community-based mental health services; and aggressive outreach to let people who may be affected know about the services available to them, and the science that informs the available treatment options.

As Mayor Bloomberg said when he accepted our report, individuals who are now suffering from 9/11 health effects were responding to an act of war against this nation. The government is responsible for assisting them, but New York City cannot bear the responsibility on its own, especially for those who aided New York in its time of need, but now live in other states. We are asking the federal government to step up to the plate, and stand shoulder-to-shoulder with us to support these brave men and women.

Thank you again for this opportunity to testify. I look forward to working with you, Chairman Towns, and your colleagues to secure the long-term federal commitment to 9/11 health care that we need going forward. Let me now turn to Deputy Mayor Skyler, who will discuss other important Panel findings, and explore the 9/11 cost issues in greater depth.